

**UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT**  
**Form 1. Notice of Appeal from a Judgment or Order of a  
United States District Court**

Name of U.S. District Court:

U.S. District Court case number:

Date case was first filed in U.S. District Court:

Date of judgment or order you are appealing:

Fee paid for appeal? (*appeal fees are paid at the U.S. District Court*)

☒ Yes   ☐ No   ☐ IFP was granted by U.S. District Court

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**List all Appellants** (*List each party filing the appeal. Do not use "et al." or other abbreviations.*)

Is this a cross-appeal?   ☐ Yes   ☒ No

If Yes, what is the first appeal case number?

Was there a previous appeal in this case?   ☐ Yes   ☒ No

If Yes, what is the prior appeal case number?

Your mailing address:

City:    State:    Zip Code:

Prisoner Inmate or A Number (if applicable):

Signature    Date

*Complete and file with the attached representation statement in the U.S. District Court*

*Feedback or questions about this form? Email us at [forms@ca9.uscourts.gov](mailto:forms@ca9.uscourts.gov)*